

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
| 4 | | 10 | | | | |
| 5 | | 10 | | | | |
| 6 | | 10 | | | | |
| 7 | | 10 | | | | |
| 8 | | 10 | | | | |
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| 13 | | 10 | | | | |
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| 15 | | 10 | | | | |
| 16 | | 10 | | | | |
| 17 | | 10 | | | | |
| 18 | | 10 | | | | |
| 19 | | 10 | | | | |
| 20 | | 10 | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 1 | | | | | |
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| 49 | | | | 1 | | |
| 50 | | | 1 | | | |
| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | 1 | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | | | 3 | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | 28 | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS